SECTION II: PROGRAM'S STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

1. In the table below, summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1: **List your State's strategic objectives for your SCHIP program and if the strategic objective listed is new/revised or continuing.**

Column 2: **List the performance goals for each strategic objective.**

Column 3: **For each performance goal, indicate how performance is being measured and progress toward meeting the goal. Please include the data sources, the methodology and specific measurement approaches (e.g., numerator and denominator). Attach additional narrative if necessary.**

Note: *If no new data are available or no new studies have been conducted since what was previously reported, please complete columns 1 and 2 and enter "NC" (for no change) in column 3*.

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	**(2) Performance Goals for each Strategic Objective**	**(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)**
Objectives related to Reducing the Number of Uninsured Children		
New/revised _____ Continuing __X__ Decrease the percentage of children in Arizona who are uninsured or do not have a regular source of healthcare.	Decrease the percentage of children in Arizona who are uninsured. In the first year of the KidsCare program, decrease the percentage of children with income under 150% of FPL who are uninsured. In subsequent years, decrease the number of children with income under 200% of FPL who are uninsured	**Data Sources:** Current Population Survey (CPS) AHCCCS monthly enrollment figures **Methodology:** During this reporting period, AHCCCS used CPS data for the number and percent of children under 19 years of age, at or below 200 percent of FPL, based *on three-year averages for 1996, 1997, and 1998*. AHCCCS also used monthly enrollment figures to determine the number of children who currently have creditable coverage. • **Numerator:** Total KidsCare and Medicaid enrollment • **Denominator:** Baseline figure of 311,000 **Progress summary:** As of October 1, 2002, AHCCCS had insured 156,998* children (Title XIX and Title XXI) in Arizona as a result of KidsCare applications. This is an increase of 25,951 children (19.80%), since October 1, 2001. **Note:** *This is a current monthly figure. It does not represent the total number of children approved. Each month children leave the program for various reasons.
New/revised _____ Continuing _____		**Data Sources:** **Methodology:** **Progress summary:**

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives Related to SCHIP Enrollment		
New/revised _____ Continuing __X__ Decrease the percentage of children in Arizona who are uninsured or do not have a regular source of health care.	Decrease the percentage of children in Arizona who are uninsured. In the first year of the KidsCare program, decrease the percentage of children with income under 150% of FPL who are uninsured. In subsequent years, decrease the number of children with income under 200% of FPL who are uninsured.	**Data Sources:** Data Sources: Current Population Survey AHCCCS monthly enrollment figures **Methodology:** During this reporting period, AHCCCS used CPS data for the number and percent of children under 19 years of age, at or below 200 percent of FPL, based on three-year averages for 1996, 1997, and 1998. AHCCCS also used monthly enrollment figures to determine the number of children who currently have creditable coverage. **Progress Summary:** As of October 1, 2002, 47,538 children were enrolled in the KidsCare Program. This is a decrease of 6,147children (11.4%), since October 1, 2001. In October of 2001, 59% of KidsCare applications were transferred to Medicaid. As of October 2002, 70% of KidsCare applications were transferred to Medicaid. On October 1, 2002, 411,360 children were enrolled for Medicaid. On October 1, 2001 this figure was 339,491. This information is from monthly enrollment reports generated from PMMIS.
New/revised _____ Continuing _____		**Data Sources:** **Methodology:** **Progress Summary:**

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives Related to Increasing Medicaid Enrollment		
New/revised __X__ Continuing _____ Coordinate with other health care programs providing services to children to ensure a seamless system of coverage.	Coordinate with other health care programs providing services to children to ensure a seamless system of coverage	**Data Sources:** Internal KidsCare eligibility data and Medicaid enrollment data **Methodology:** Record match between SCHIP eligibility data and Medicaid enrollment data performed. • Numerator: Number of children enrolled in Medicaid because of KidsCare application. • Denominator: Total number of children who have creditable coverage because of KidsCare application. **Progress Summary:** As of October 1, 2002, approximately 109,456 children were transferred from KidsCare to Title XIX or KidsCare was denied and Title XIX was approved. This is an increase of 32,094 children (42%), since October 1, 2001. **Note:** *This is a current monthly figure. It does not represent the total number of children approved. Each month children leave the program for various reasons. KidsCare and Title XIX have coordinated efforts to ensure a smooth eligibility determination process: • DES staff has been trained to process dual applications. • AHCCCS and DES meet monthly regarding KidsCare and Medicaid activity. • Manuals have been written for the dual eligibility process.

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need)		
New/revised __X___ Continuing _____ Increase the percentage of children enrolled through KidsCare who have a regular source of health care, as evidenced by a visit with a Primary Care Practitioner (PCP)	A key indicator of whether children and adolescents have a regular source of health care is whether services, particularly primary care and preventive services, are being used throughout the course of a year. AHCCCS has established a goal that 80 percent of members (including Title XIX and Title XXI recipients) younger than 21 years of age have access to primary care practitioners as indicated by at least one PCP visit during the contract year. For the contract year ending September 30, 2001, AHCCCS established a Minimum Performance Standard that at least 77 percent of these members have a PCP visit during the year.	**Data Sources:** Prepaid Medicaid Management Information System (PMMIS) claims and encounters subsystem, recipient subsystem. **Methodology:** Using methodology published by the National Committee for Quality Assurance (NCQA) as part of the Health Plan Employer Data and Information Set (HEDIS®), AHCCCS measured the number of KidsCare children under 19 years of age who were continuously enrolled with one acute-care contractor during the contract year ending September 30, 2001, and who had at least one visit to a Primary Care Practitioner (PCP). The rate was calculated as a percent of KidsCare members who met the continuous enrollment criteria. Primary Care Practitioners include general or family practice physicians, internal medicine physicians, obstetricians and gynecologists, pediatricians, physician assistants, and nurse practitioners. **Progress Summary:** • The overall rate of access to PCPs by AHCCCS members eligible through KidsCare increased by 8.2 percent from the previous contract year. During the reporting period, 68.5 percent of KidsCare members had a PCP visit, compared with the previous year's rate of 63.4 percent. The increase is statistically significant. • Rates for KidsCare members ages 1 through 6 exceeded the most recent (calendar year 1999) national averages for Medicaid health plans, as reported by NCQA. The rate for KidsCare members who were 1 year old was 87.8 percent, compared with the Medicaid national average of 84.4 percent. The rate for KidsCare members 2 through 6 years old was 80.4 percent, compared with the Medicaid national average of 73.8 percent. • Rates for virtually all AHCCCS contractors improved in the current measurement period. • Compared with children enrolled in AHCCCS under Medicaid, KidsCare members had a lower proportion of PCP visits. However, the children eligible under KidsCare made strides in closing that gap during the current measurement period, particularly in the age groups older than 1 year.
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)		
New/revised _____ Continuing ___X__ Improve the percentage of KidsCare-eligible children who receive age-appropriate immunizations.	AHCCCS has established a goal that 82 percent of children 2 years old will have received all doses of three vaccines, including Diphtheria, Tetanus, a cellular Pertussis (DTaP); Inactivated Polio vaccine (IPV); and Measles, Mumps, Rubella (MMR), also known as the 4:3:1 series of immunizations. For the contract year ending September 30, 2001, AHCCCS established a Minimum Performance Standard that at least 78 percent of these members have completed the 4:3:1 series of immunizations. AHCCCS has established a goal that 73 percent of children 2 years old will have received all doses of the above vaccines, as well as Haemophilus influenza Type b (Hib) and Hepatitis B virus (HBV) vaccines, also known as the 4:3:1:2:3 series of immunizations. For the contract year ending September 30, 2001, AHCCCS established a Minimum Performance Standard that at least 67 percent of these members have completed the 4:3:1:2:3 series of immunizations.	**Data Sources:** Prepaid Medicaid Management Information System (PMMIS), claims and encounters subsystem, recipient subsystem **Methodology:** Immunizations for AHCCCS members who turned 2 years old during the contract year ending September 30, 2001, were measured utilizing records contained in the state's automated immunization registry and a medical chart audit conducted by an external quality review organization (EQRO). Members included in the study were continuously enrolled with one acute-care contractor during the contract year. Results were reported separately for Title XIX-eligible and Title XXI-eligible (KidsCare) members. **Progress Summary:** • Immunization rates for KidsCare members showed improvement in all but one antigen, the DTaP vaccine. • In six of the eight antigen categories, rates for KidsCare members were slightly higher than rates for Medicaid-eligible children enrolled in AHCCCS. • The 4:3:1 immunization rate for KidsCare members was 80.1 percent, compared with 78.5 percent the previous year. The 2001 rate for Medicaid-eligible (Title XIX) enrollees was 78.1 percent. • The 4:3:1:2:3 immunization rate for KidsCare members met the AHCCCS Minimum Performance Standard. This rate was 67.0 percent for KidsCare members, compared with a rate of 62.1 percent the previous year. The increase is statistically significant. The 2001 rate for Medicaid-eligible (Title XIX) enrollees for this antigen series was 65.1 percent. • The most recent KidsCare rate of MMR vaccination meets the national *Healthy People* and Arizona goal of 90 percent of children immunized. Rates for DTaP, Polio and Hib vaccination are nearing the 90 percent benchmark.
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Other Objectives		
New/revised _____ Continuing __X___ Increase the access to interpreter services for members with Limited English Proficiency (LEP).	-Improve satisfaction of LEP members with their ability to get necessary care. -Improve identification of members with LEP -Improve access to interpretive services for LEP members -Increase awareness throughout system of need for and availability of interpretive services	**Data Sources:** 1996 Member Satisfaction Survey 2000 Member Satisfaction Survey **Methodology:** The 1996 survey used a tool customized for the AHCCCS program. It was a telephone survey with responses from over 14, 000 AHCCCS members. The 2000 survey was a CAHPS survey. **Progress Summary:** The 2000 survey showed that efforts to improve satisfaction for those members needing interpretive services had not been effective, as the rates of satisfaction continued to be lower than the general member population. In 2000, the Agency developed a cultural competency policy, in which LEP requirements are incorporated. A taskforce was formed with Agency and contractor representatives, which collaboratively worked on provider education and awareness. This has been an area of focus in the annual on-site reviews of the contractors. Improvement of performance in this area has been noted in the latest review. Evidence of increased awareness in contractor staff has also been found.
New/revised _____ Continuing _____		Data Sources: Methodology: Progress Summary:

2. How are you measuring the access to, or the quality or outcomes of care received by your SCHIP population? What have you found?

Information is available from the following sources:

- Encounter and recipient data; utilizing the Health Plan Employer Data and Information Set (HEDIS®) or other methodology
- Contractor oversight (including on-site reviews, annual and quarterly progress reports, and corrective action plans, if necessary)
- State-specific performance measure (Annual Assessment of the Immunization Status of Two-year-olds); this measure also is used to evaluate health plan-specific performance
- EPSDT Tracking Forms
- Member grievance process/quality of care issues

Access to Care and Utilization of services

A primary component of quality is access to care and utilization of services. As previously discussed in this section, AHCCCS has a specific measure of access to care, based on HEDIS® methodology. In addition, AHCCCS monitors use of screening and dental services by all children enrolled in KidsCare during the contract year, regardless of how long they were eligible during that time.

Well-child Services

Children enrolled in AHCCCS through KidsCare receive Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. Screenings detect possible physical, nutritional and developmental/behavioral health problems in order to minimize long-term, costly medical conditions. For the contract year ending September 30, 2001, 58 percent of all children enrolled in AHCCCS through KidsCare received at least one screening. Of those children screened, approximately 40 percent were referred for corrective treatment. (Source: Form 416 EPSDT Participation Report)

Oral Health Services

All children enrolled in AHCCCS should receive an oral health screening by their PCP as part of their routine well-care visits. Beginning at age 3, children are to be referred to a dentist for an annual visit, regardless of whether or not problems are identified by their PCPs. These members also have direct access to dentists. The rate of KidsCare members 3 through 18 years old who had a dental visit during the year ending September 30, 2001, was 36.4 percent. This compares with 34 percent in the previous year. (Source: Form 416 EPSDT Participation Report)

Operational Reviews

AHCCCS also monitors the provision of services to all children and adolescents through on-site reviews of each AHCCCS contractor. AHCCCS staff review policies and procedures, and evaluate outcome processes such as quality of care issues, utilization reports, service denial reports and care coordination processes. Progress on corrective action plans for performance indicators also is monitored during on-site reviews.

EPSDT Tracking Forms

In cooperation with contractors and pediatric providers, AHCCCS designed EPSDT Tracking Forms several years ago that have been cited nationally as a "best practice." These forms help guide physicians in providing all the necessary components of a well-child visit at any given time in the child's life, as well as ensuring that referrals are made when necessary. A copy of the tracking form, which is completed for each well-child visit, is maintained in the child's medical record and a copy is sent to the child's health plan. This allows the contractors to concurrently track whether children are receiving all the necessary services at the appropriate intervals. Information from tracking forms is entered by each contractor into a database.

EPSDT Services

Contractor activities and progress in providing Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services to all children are monitored through annual and quarterly progress reports from each contractor. These reports summarize progress toward measurable objectives for each performance indicator (e.g., percent of 15-month olds receiving all well-child visits), and describe member outreach and provider education/monitoring activities. As mentioned above, services are also monitored through the use of AHCCCS-required EPSDT Tracking Forms.

The Office of Medical Management (OMM) at AHCCCS addresses member complaints and quality of care issues, including those involving KidsCare members. A database is used to track and trend issues by type of complaint/issue and by individual contractors.

Member Complaints/ Quality of Care Issues

The Office of Medical Management (OMM) at AHCCCS addresses member complaints and quality of care issues, including those involving KidsCare members. A database is used to track and trend issues by type of complaint/issue and by individual contractors.

New Strategy

With the contract year beginning October 1, 2001, AHCCCS required acute contractors to make a "best effort" to conduct health assessments for all new enrollees (including those eligible under KidsCare). This information is being used by contractors to determine case management, care coordination needs, and monitor medical services provided to those members. Results of new member health assessment surveys are not scheduled to be reported to AHCCCS. However, CQM staff will monitor health plan implementation of this assessment process during on-site reviews.

AHCCCS has found that children enrolled through KidsCare have comparable access to services as those who are enrolled under Medicaid. In addition, rates of utilization of preventive services among children enrolled in KidsCare are improving.

3. **What plans does your SCHIP program have for future measurement of the access to, or the quality or outcomes of care received by your SCHIP population? When will data be available?**

   AHCCCS plans to analyze results of additional performance indicators for KidsCare members separately in the future. Results for the measurement year October 1, 2001, through September 30, 2002, should be available in December 2003.

4. **Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special heath care needs or other emerging health care needs? What have you found?**

   SCHIP children will be included in a dental quality improvement project (QIP) being initiated in December 2002. This project will measure dental service utilization based on at least one dental visit per year for children ages 3 through 18 years old. Baseline data is expected to be available in early 2004. Based on this information, contractors will be expected to plan and implement interventions to improve utilization of dental services by this population. Remeasurement of utilization data for this QIP is scheduled for 2005.

5. **Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings.**

   Attachments:
   - A- IHS Facilities and Other entities that Target KidsCare Population
   - B-Total Kids Enrolled for Health Coverage due to KidsCare Applications and Number of KidsCare Applications
   - C- KidsCare and Transfers to Title XIX
   - D-Contributing Factors Medicaid Growth
   - E-KidsCare School Survey (Spanish and English)
   - F-Companion Document for the Universal Application (Spanish and English)
   - G-1 Information regarding the Universal Application (English)
   - G-2 Universal Application form (English)
   - G-3 Information regarding the Universal Application (Spanish)
   - G-4 Universal Application form (Spanish)
   - H-Ethnicity and Age of Enrolled Children
   - I- KidsCare Brochure (Spanish/English)
   - J-1 Denial Letter (English)
   - J-2 Denial Letter (Spanish)
   - K-Request for Premium Waiver
   - L-1 Disenrollment Survey Information (English)
   - L-2 Disenrollment Survey Information (Spanish)
   - L-3 Disenrollment Survey Information Report
   - L-4 Disenrollment Survey Information Report